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CONFIRMATION NO. 8216

Bib Data Sheet

SERIAL NUMBER 10/825,952	FILING OR 371(c) DATE 04/16/2004 RULE	CLASS 600	GROUP ART UNIT 3768	ATTORNEY DOCKET NO. END5311USNP
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verifier and
Acknowledged

Examiner's Signature

Initials

ADDRESS

27777

TITLE

MEDICAL SYSTEM HAVING MULTIPLE ULTRASOUND TRANSDUCERS OR AN ULTRASOUND TRANSDUCER AND AN RF ELECTRODE

FILING FEE RECEIVED 1796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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